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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box →

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 0CR-729/756

First Inventor or Application Identifier John Wood

Title Glycosylated Indolocarbazole Synthesis

Express Mail Label No. EL308939123US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages 31]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets]
4. Oath or Declaration [Total Pages]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

Assistant Commissioner for Patents
ADDRESS TO: Box Patent Application Washington, DC 20231

5. Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. 37 C.F.R. § 3.73(b) Statement Power of (when there is an assignee) Attorney
9. English Translation Document (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. Preliminary Amendment
12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
 - * Small Entity Statement(s) Status still proper and desired (PTO/SB/09-12)
 - 13. Certified Copy of Priority Document(s) (if foreign priority is claimed)
 - 14. Other:
 - 15. Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
 Continuation Divisional Continuation-in-part (CIP) of prior application No: 09 / 206,082

Prior application information: Examiner L. Stockton

Group / Art Unit: 1613

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

Name Mary M. Krinsky

Address 79 Trumbull Street

City	New Haven	State	CT	Zip Code	06511-3708
Country	U.S.A.	Telephone	203-773-9544	Fax	023-773-1183

Name (Print/Type)	Mary M. Krinsky	Registration No. (Attorney/Agent)	32423
Signature	<i>Mary M. Krinsky</i>	Date	Jan. 13, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.
 Small Entity payments must be supported by a small entity statement
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
 See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$380.00)

Complete if Known

Application Number	
Filing Date	January 13, 2000
First Named Inventor	John Wood
Examiner Name	L. Stockton
Group / Art Unit	1316
Attorney Docket No.	OCR-729/756

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																															
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 25-0110 Deposit Account Name Yale University <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$380.00)</td> <td colspan="4">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4"> *or number previously paid, if greater; For Reissues, see below Large Entity Fee Code (\$) Small Entity Fee Code (\$) Fee Description </td> <td colspan="4"> Reduced by Basic Filing Fee Paid </td> </tr> <tr> <td colspan="4"> Total Claims -20** = X = Independent - 3** = X = Claims = X = Multiple Dependent = X = </td> <td colspan="4"></td> </tr> <tr> <td colspan="4"> Extra Claims </td> <td colspan="4"> Fee from below </td> </tr> <tr> <td colspan="4"> SUBTOTAL (2) (\$) </td> <td colspan="4"> SUBTOTAL (3) (\$) </td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	380	216	190	117	870	217	435	118	1,360	218	680	128	1,850	228	925	119	300	219	150	120	300	220	150	121	260	221	130	138	1,510	138	1,510	140	110	240	55	141	1,210	241	605	142	1,210	242	605	143	430	243	215	144	580	244	290	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	760	246	380	149	760	249	380	Other fee (specify) _____				Other fee (specify) _____				SUBTOTAL (1) (\$380.00)				SUBTOTAL (3) (\$)				*or number previously paid, if greater; For Reissues, see below Large Entity Fee Code (\$) Small Entity Fee Code (\$) Fee Description				Reduced by Basic Filing Fee Paid				Total Claims -20** = X = Independent - 3** = X = Claims = X = Multiple Dependent = X =								Extra Claims				Fee from below				SUBTOTAL (2) (\$)				SUBTOTAL (3) (\$)			
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SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mary M. Krinsky	Registration No. (Attorney/Agent)	32423	Telephone	203-773-9544
Signature	Mary M. Krinsky			Date	Jan. 13, 2000

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (i))	20 -20* =	0	x \$ _____ =	\$ 0
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	2 -3** =	0	x \$ _____ =	0
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$ _____ =	0
				BASIC FEE (37 C.F.R. § 1.16)	\$760.00
				Total of above Calculations =	\$760.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					\$380.00
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	\$380.00

6. Small entity status:

- a. A small entity statement is enclosed, if (b) and (c) do not apply.
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 25 - 0110:

- a. Fees required under 37 C.F.R. § 1.16.
- b. Fees required under 37 C.F.R. § 1.17.
- c. Fees required under 37 C.F.R. § 1.18.

8. A check in the amount of \$ _____ is enclosed.9. Other:

NOTE: *The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.*

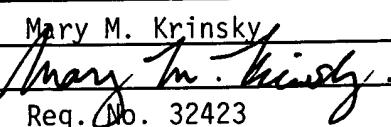
10. NEW CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Mary M. Krinsky			
Address	79 Trumbull Street			
City	New Haven	State	CT	Zip Code
Country	U.S.A.	Telephone	203-773-9544	Fax 203-773-1183

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	Mary M. Krinsky
Signature	
Registration No. (Attorney/Agent)	Reg. No. 32423
Date	Jan. 13, 2000